



# 2011 Farmer-Vendor Monitoring Form

## California WIC/Senior Farmers' Market Nutrition Program



Date of Visit: \_\_\_\_\_

Farm Name:	
Name of Farmer:	FMNP ID #
Name of Market:	
Location:	

### OBSERVATION OF FARM STALL

	Yes	No	N/A
1. Is the correct signage posted for FMNP?			
2. Is a valid Producer's Certificate issued by the County displayed? Verify Current Number _____ Exp. Date _____			
3. Did you observe an FMNP Transaction? If so,			
a) Was the transaction conducted correctly?			
b) Did the farmer discriminate against the WIC participant?			

### ASSESSMENT WITH FARM ATTENDEE

#### Questions to ask....

Name of Farmer/Employee at Stall: _____ Owner Y / N	NS = Not Sure		
	Yes	No	NS
4. Do you accept the WIC/Senior FMNP checks? (Is the signage posted? If not, why not? Do they need additional signs?)			
5. Do you know the WIC Farmer Vendor ID number? <i>(This is to be written/stamped on EVERY check)</i>			
6. Did you receive training on the WIC/Senior FMNP & FVC rules and requirements?			
7. Do you know the last day to accept FMNP checks? (Nov 30)			
8. Do you know the last day to deposit FMNP checks? (Dec 31)			
9. Do you accept checks only for approved Foods? (Beekeepers: Sell only to Seniors)			
10. Do you allow participants to use an alternate form of payment?			
11. Do you give change (money) back for FMNP checks? (No)			
12. Are you aware of any fraud, abuse, or violation? If yes, make notes on back.			
13. Did you accept any FMNP Checks today? May I see them?			
a) FMNP – check has Vendor ID			
14. Do you accept FMNP at other WIC authorized Farmers' Markets? (If yes please list)			
_____			
_____			
_____			

### CONCLUSION

	Yes	No	N/A
15. Does the farmer understand and follow the FMNP rules and requirements?			
16. Is a follow up recommended? (If Yes, please explain on back)			

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewers Name, Title	Reviewers Signature	Date

## Recommendations

---

---

---

---

---

---

---

### For State Use Only

#### Monitoring Follow Up

##### Follow Up Letter

Sent: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

By: \_\_\_\_\_

Issues Addressed:    ☐ Signage  
                              ☐ Training  
                              ☐ Unauthorized Farmer  
                              ☐ Fraud Observed  
                              ☐ Improper Check Handling  
                              ☐ Other \_\_\_\_\_

Received On: \_\_\_\_\_

##### Corrective Action Plan

---

---

---

---

---

---

---

---

##### Farm Owners Response

---

---

---

---

---

---

---

---

Follow Up Analyst

Signature

Date